

<p style="text-align: center;"><b>APPLICATION FOR MANDATORY CERTIFICATION AS A RESPIRATORY CARE PRACTITIONER</b></p>
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KRS Chapter 314A, which was passed by the 1990 Regular Session of the Kentucky General Assembly creates a mandatory certification requirement for all persons who practice respiratory care in the Commonwealth of Kentucky. The Kentucky Board of Respiratory Care is empowered to issue the necessary credentials and oversee the practice of respiratory care in the state. A copy of the statutes is attached for your review.

Attached is an application which may be completed and sent, along with the appropriate fee and supporting documentation to the board for processing.

Eligibility for the mandatory certificate may be established by any one of the following two methods:

1. Furnishing the board with a copy of a certificate issued by the National Board for Respiratory Care, or its equivalent, which indicates certification or registry.
2. Furnishing the board with a copy of a license or certificate held in another state whose qualifications are equal to or greater than those in Kentucky and a copy of a certificate issued by the National Board for Respiratory Care, or its equivalent, which indicates certification or registry.

The completed application should be sent along with an application fee (\$50) and original certification fee (\$75) totaling \$125 to the board at the address on the front page of the application. The fee may be paid by personal check, cashiers check, or money order made payable to the KENTUCKY STATE TREASURER. Both the application fee and the original certification fee are non-refundable.

Additionally, those persons who have completed their educational training should use this application to apply for temporary permission to practice. A temporary permit may be issued to a person who has graduated from an approved educational program is waiting to sit for the entry level examination that will be administered by the National Board for Respiratory Care, or its equivalent. The completed application and appropriate documentation should be sent along with an application fee (\$50) and temporary mandatory certification fee (\$35) totaling \$85. The application fee is non-refundable.

All persons now practicing respiratory care in Kentucky should apply for certification by the board at the earliest possible date.

If you have questions regarding this process, please feel free to contact the office at (859) 246-2747.

Rev. 05/06

**Kentucky Board of Respiratory Care**

**2624 Research Park Dr., Suite 306**

**Lexington, KY 40511**

(859) 246-2747 (859) 246-2750

**<http://kbrc.gov>**

**APPLICATION FOR MANDATORY CERTIFICATE**

**Instructions:**

1. Read the application and instructions carefully before filling out the application. Answer all questions. If the answer is "no" or "none," please indicate. If non-applicable, indicate N/A. If additional space is needed, attach separate sheets.
2. Please type or print.
3. Application fees are \$50 and are non-refundable. The original certification fee is \$75 and is non-refundable if the application is denied. Checks for Mandatory (\$125) or Temporary (\$85) must be made payable to the KY TREASURER and remit to KBRC.

**NAME OF APPLICANT:** \_\_\_\_\_  
Last First Middle Initial

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
Street, P.O. Box, Apt. #, etc. County  
\_\_\_\_\_  
City State ZIP Code

**TELEPHONE NUMBER:** Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

**CURRENT PLACE OF EMPLOYMENT:** \_\_\_\_\_ **DATE OF EMPLOYMENT** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street, P.O. Box, Apt. #, etc.  
\_\_\_\_\_  
City State ZIP Code

**FORMER PLACE OF EMPLOYMENT:** \_\_\_\_\_

**DATES OF EMPLOYMENT:** \_\_\_\_\_ TO \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street, P.O. Box, Apt. #, etc.  
\_\_\_\_\_  
City State ZIP Code

**QUALIFICATIONS FOR CERTIFICATION**

**EDUCATION AND TRAINING:**

List in chronological order beginning with high school, respiratory care training, programs accredited or recognized by the American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Joint Review Committee for Respiratory Therapy Education. Attach a copy of respiratory care training certificate if available.

NAME AND ADDRESS OF SCHOOL OR COURSE	DEGREE/ MAJOR	DATES OF ATTENDANCE	DATE OF GRADUATION

**DOCUMENTATION OF CREDENTIALS AND/OR EXPERIENCE:**

Candidates for mandatory certification must furnish one of the following in order to qualify for certification. Please indicate which method you will be using and attach the appropriate documentation to this application.

\_\_\_\_\_ **NBRC certification or registry.** A copy of the certificate issued by the National Board for Respiratory Care which indicates certification or registry.

\_\_\_\_\_ **Reciprocity.** A copy of a license or certificate held in another state or jurisdiction and a copy of the certificate issued by the National Board for Respiratory Care which indicates certification or registry.

\_\_\_\_\_ **Temporary permission to practice.** A copy of appropriate educational or training credential held.

Have you ever made application for certification or licensure and failed to receive same in Kentucky or any other state?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes, give reason application was denied. \_\_\_\_\_

Has your certification in Kentucky or any other state ever been suspended or revoked? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, give the reasons.

Have you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what offense? \_\_\_\_\_

### APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief.

I further affirm that I have read KRS Chapter 314A and fully understand that by receiving a certificate from the board, I am responsible for conducting my professional practice in accordance therewith.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification. In addition, I agree to furnish the Board any information which may subsequently be requested for the purpose of verifying my qualifications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE ----- FOR BOARD AND OFFICE USE ONLY

APPLICATION FEE RECEIPT	BOARD REVIEW DATE _____
Amount \$ _____ Date _____	_____ Approved _____ Denied
Check/MO # _____	Members _____
NBRC Disciplinary Database reviewed _____	_____
Cert. No. _____ Date _____	_____

**Kentucky Board of Respiratory  
Spindletop Administration Building  
2624 Research Park Dr., Suite 306  
Lexington, KY 40511  
Phone (859) - 246-2747 Fax (859) – 246-2750  
<http://kbrc.ky.gov>**

**FINANCIAL LOAN STATUS NOTICE**  
**(Important, Please read carefully)**

All applications or licensees requesting certification and registration, must not be in default on any educational financial loans with Kentucky Higher Education Assistance Authority (KHEAA). Failure to fill out this form will result in your certification being denied by the KBRC pursuant to KRS 164.772(3). A Memorandum of Understanding between KHEAA and the KBRC requires applicants for initial or renewal certification to certify to the KBRC that he or she is not in default on any educational financial loans with KHEAA.

**STATEMENT OF FACT (Required by KRS 164.772)**

I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority.

I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my licensure to practice respiratory care in the Commonwealth of Kentucky may not be issued or renewed.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Social Security Number*

*This form must be signed and returned to the Kentucky Board of Respiratory Care along with the application for license and or renewal. Your application or renewal will not be processed until this signed and dated form is received. Mailing address: (Top of page).*